

## WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between LINDA SUE WINDHAM, a single person, Grantor, and GORDON R. WARDLOW, JR. AND SIRENA K. WARDLOW, husband and wife, Grantees,

## WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantees to the Grantor, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantor does hereby grant, bargain, sell, convey and warrant, except as hereinafter set forth, unto the Grantees, as tenants by the entirety with full right of survivorship and not as tenants in common, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DESOTO, State of MISSISSIPPI, and more particularly described as follows, to-wit:

Lot 4, Leroy Allison Subdivision, in Section 21, Township 2, Range 5, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 5, Pages 38-39, in the office of the Chancery Clerk of DeSoto County, Mississippi

TO HAVE AND TO HOLD unto the Grantees, their heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following exceptions:

- 1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.
- 2) Zoning and/or other land use regulations promulgated by federal, state or local governments affecting the use or occupancy of the subject property.
- 3) Any and all matters which would be disclosed by an accurate survey of current date and/or an actual inspection of said property.

c:\property\wd

STATE MS. - DESOTO CO.  
FILED

JUN 2 9 32 AM '00

BK. 373 PG. 676  
W.F. DOWD - CH. CLK.

GRANTOR herein further warrants that George A. Dees and Mary C. Dees, who reserved a life estate in subject property in Warranty Deed recorded in Book 274 at Page 106, are deceased as evidenced by copies of death certificates attached hereto as Exhibits "A" and "B". Grantor also warrants that George A. Dees is one and the same as George Albert Dees and that Mary C. Dees is one and the same as Mary Christine Dees.

IN TESTIMONY WHEREOF, witness the signature of the Grantor on this the 26th day of May, 2000.

Linda Sue Windham  
LINDA SUE WINDHAM

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, LINDA SUE WINDHAM, a single person, who acknowledged that he/she signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 26th day of May, 2000.

(SEAL)

My Commission Expires



Orveda P. Buckingham  
NOTARY PUBLIC

ADDRESS OF GRANTOR:  
13 Silver Lakes Blvd. E.  
Glencoe, AL. 35905  
Home: 256-892-2203  
Work: NONE

ADDRESS OF GRANTEE:  
2934 RED BANKS ROAD  
BYHALIA, MISSISSIPPI 38611  
Home: 662-893-3624  
Work: 901-794-6383

PREPARED BY AND RETURN TO:  
HOLCOMB DUNBAR, P.A.  
P. O. BOX 190  
SOUTHAVEN, MS 38671-0190  
(601) 349-0664

FILE# 800228/STD

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

BK0373PG0678  
STATE FILE NUMBER

NAME OF DECEASED:  
For use by physician or institution

SEE INSTRUCTIONS  
ON OTHER SIDE

PHYSICIAN OR MEDICAL  
EXAMINER EX-  
TENDING CERTIFICATE  
T COMPLETE AND  
MEDICAL CERTIFI-  
ON WITHIN 48  
RS

CAUSE OF  
DEATH

1. DECEDENT'S NAME (First, Middle, Last) <b>George Albert Dees</b>				2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>Sept. 05, 1999</b>							
4. SOCIAL SECURITY NUMBER (of Deceased) <b>425-30-4041</b>		5a. AGE-LAST BIRTHDAY (Years) <b>77</b>		5b. UNDER 1 YEAR MOS <b>77</b>		5c. UNDER 1 DAY HOURS <b>77</b>		6. DATE OF BIRTH (Month, Day, Year) <b>MAR. 14, 1922</b>		7. BIRTH PLACE (City and State or Foreign Country) <b>TIPPAH COUNTY, MS</b>			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)									
9b. FACILITY NAME (If not institution, give street and number) <b>VA Medical Center</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Memphis, TN</b>				9d. COUNTY OF DEATH <b>Shelby</b>					
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) <b>WIDOWED</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>YARD MASTER</b>				12b. KIND OF BUSINESS/INDUSTRY <b>BURLINGTON NORTHERN RAILROAD</b>					
13a. RESIDENCE-STATE <b>MISSISSIPPI</b>		13b. COUNTY <b>DESOTO</b>		13c. CITY, TOWN OR LOCATION <b>BYHALIA</b>				13d. STREET AND NUMBER OR RURAL LOCATION <b>2934 NORTH RED BANKS ROAD</b>					
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE <b>38611</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No: If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify, if yes				15. RACE-American Indian, Black, White, etc. (Specify) <b>WHITE</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>10</b> College (1-4 or 5+)			
17. FATHER'S NAME (First, Middle, Last) <b>GEORGE HANDY DEES</b>				18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>M. GERTRUDE RANDOLPH</b>									
19a. INFORMANT'S NAME (Type/Print) <b>LINDA WINDHAM</b>				19b. RELATIONSHIP TO DECEASED <b>DAUGHTER</b>		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>13 SILVER LAKES BLVD EAST GLENCOE, ALA 35905</b>							
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>FOREST HILL EAST CEMETERY</b>				20c. LOCATION-City or Town, State <b>MEMPHIS, TN</b>					
21a. SIGNATURE OF FUNERAL DIRECTOR <b>SUSAN RONEY</b>				21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>4138</b>		21c. SIGNATURE OF EMBALMER <b>ROY BLAYLOCK</b>		21d. LICENSE NUMBER OF EMBALMER <b>3586</b>					
22a. NAME AND ADDRESS OF FUNERAL HOME <b>Forrest Hill East Funeral Home 2440 Whitten Road Memphis, TN 38133</b>				22b. LICENSE NUMBER OF FUNERAL HOME <b>918</b>									
23. REGISTRAR'S SIGNATURE <i>Mary Ann Bradshaw</i>				24. DATE FILED (Month, Day, Year) <b>Sept. 21, 1999</b>									
25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Rodney J. Holladay, M.D.</i>				25b. LICENSE NUMBER <b>TN 14386</b>		25c. DATE SIGNED (Month, Day, Year) <b>9.10.1999</b>							
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)							
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>RODNEY HOLLADAY, M.D., VA MEDICAL CENTER, 1030 JEFFERSON AVE., MEMPHIS, TN 38104</b>													
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>ISCHEMIC BOWEL</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>CHOLESTEROL EMBOLI</b> DUE TO (OR AS A CONSEQUENCE OF): c. <b>ATHEROSCLEROTIC VASCULAR DISEASE</b> DUE TO (OR AS A CONSEQUENCE OF): d. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST <b>CONGESTIVE HEART FAILURE, CORONARY ARTERY DISEASE</b>												Approximate Interval Between Onset and Death	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <b>CONGESTIVE HEART FAILURE, CORONARY ARTERY DISEASE</b>										29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide				31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY <b>M</b>		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED			
				31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

EXHIBIT

tabbies

A

BIRTH NO.

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT 214 JEFFERSON AVE., MEMPHIS, TENNESSEE  
 THIS IS TO CERTIFY that this is a true and correct copy of the record filed with  
 the Tennessee Vital Records by the Memphis & Shelby County Health Department.

REAL

SEP 22 1999

Date Issued

by Glenn D. Fenn  
 Glenn D. Fenn, Registrar  
 Vital Records Section

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

EXHIBIT

B

TYPE OR PRINT  
WITH BLACK INK

FILING  
DATE

JUL 09 1998

CERTIFICATE OF DEATH  
STATE OF MISSISSIPPI

STATE FILE  
NUMBER

123- 98011742

DECEASED

1. NAME First Middle Last <b>Mary Christine Dees</b>			2 SEX <b>Female</b>		3a HOUR OF DEATH <b>5:10p</b> m		3b DATE OF DEATH (Month, Day, Year) <b>June 25, 1998</b>		
4. RACE (Specify White, Black, American Indian, etc.) <b>White</b>		5a AGE AT LAST BIRTHDAY <b>75</b> Years		ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b MOS. 5c DAYS 5d HOURS 5e MINS		6 DATE OF BIRTH (Month, Day, Year) <b>December 25, 1922</b>		7a COUNTY OF DEATH <b>DeSoto</b>	
7b CITY OR TOWN OF DEATH <b>Byhalia</b>		7c HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) <b>2934 N. Red Banks</b>				7d IF IN HOSP. OR INST. SPECIFY INPT. OUTPT., EMER. RM. OR DOA		8 STATE OF BIRTH <b>MS</b>	
9 DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elementary High School</b>		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>George Albert Dees</b>		12 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>No</b>			
13 ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>American</b>		14 SOCIAL SECURITY NUMBER <b>425-40-8222</b>		15a USUAL OCCUPATION (Kind of work done most of working life) <b>Homemaker</b>		15b KIND OF BUSINESS OR INDUSTRY <b>Home</b>			
16a RESIDENCE--STATE <b>MS</b>		16b COUNTY <b>DeSoto</b>		16c CITY OR TOWN <b>Byhalia</b>		16d INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16e STREET AND NUMBER OR RURAL LOCATION <b>2934 N. Red Banks</b>	

PARENTS

17 FATHER--NAME First Middle Last <b>Walter L. Gattis</b>		18 MOTHER--NAME First Middle Maiden <b>Millie Slack</b>	
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INFORMANT

19a INFORMANT--NAME (Type or print) <b>George Albert Dees</b>		19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>2934 N. Red Banks Byhalia MS 38611</b>	
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DISPOSITION

20a BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		20b CEMETERY, CREMATORY--NAME <b>Forest Hill East</b>		20c LOCATION (City and State) <b>Memphis TN</b>		21a FURNALMER--SIGNATURE AND NUMBER <b>4586</b>	
21b FUNERAL HOME--NAME AND MISSISSIPPI ID NUMBER <b>Brantley Funeral Home FE117</b>		21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>P.O. Box 17069 Memphis TN 38187-0669</b>					

PRONOUNCEMENT

22a PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) <b>Darryl R.N.</b>		22b PRONOUNCED DEAD (Month, Day, Year) <b>6/25/1998</b> ON		22c PRONOUNCED DEAD (Hour, Day, Year) <b>10p</b> AT	
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CERTIFIER

23a CERTIFIER--NAME (Type or print) <b>Jeffrey Rundles</b>		23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 Rundles Rd. Nesbit, Ms. 38651</b>	
24a To the best of my knowledge, death occurred due to the cause(s) and manner as stated <b>Cancer of lungs</b>		24b DATE SIGNED (Month, Day, Year) <b>6/30/1998</b>	
24c STATE LICENSE NUMBER <b>MD</b>		24d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	
24e On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated <b>CMEI</b>		24f TITLE <b>DEPTO CMEI</b>	
24g DATE SIGNED (Month, Day, Year) <b>6/30/1998</b>			

CAUSE OF DEATH

25 PART I: DEATH CAUSED BY: (a) <b>Cancer of lungs</b>		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)		Interval between onset and death	
26 PART II: OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in PART I		27 AUTOPSY (Yes or No) <b>NO</b>	
28 WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>Yes</b>			
29a ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b DATE OF INJURY (Month, Day, Year)	
29c HOUR OF INJURY <b>m</b>		29d DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
29e INJURY AT WORK (Yes or No)		29f PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	
29g LOCATION		Street or route number City or town State	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

**F. E. Thompson Jr. MD**  
F. E. Thompson, Jr., M.D., M.P.H.  
STATE HEALTH OFFICER

**Nita Cox Gunter**  
Nita Cox Gunter  
STATE REGISTRAR

JUL 20 98

WARNING:

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